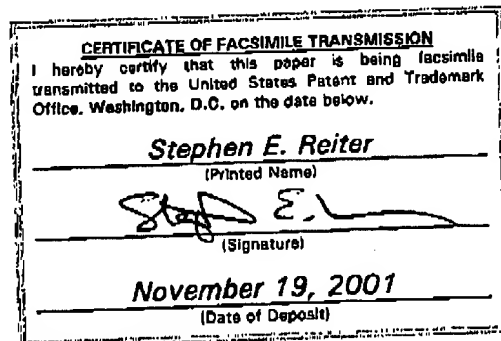


Atty. Dkt. No. MEDIN1400  
(023161-2401)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Lai and Wang  
Title: PROTECTED FORMS OF  
PHARMACOLOGICALLY ACTIVE  
AGENTS AND USES THEREFOR  
Appl. No.: 09/602,888  
Filing Date: 06/23/2000  
Examiner: F. Higel  
Art Unit: 1626



**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
Washington, D.C. 20231  
Box Non-Fee Amendment

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☒ Change of Correspondence Address is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	33	33	0	x \$18.00	\$0.00
Independents:	7	7	0	x \$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

A

Atty. Dkt. No. MEDIN1400  
(023161-2401)

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):		\$0.00
	TOTAL FEE:		\$0.00

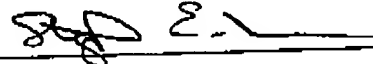
- ☐ Please charge Deposit Account No. 50-0872 in the amount of \$\_\_\_\_\_ A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: November 19, 2001

By

  
Stephen E. Reiter  
Attorney for Applicant  
Registration No. 31,192

FOLEY & LARDNER  
P.O. Box 80278  
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A

NOV. 19. 2001

3:36PM

858 792-6773 FOLEY AND LARDNER

NO. 0756 P. 1

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From : Stephen E. Reiter	SR
Sender's Direct Dial : (858) 847-6711	
Date : November 19, 2001	
Client/Matter No : 023161-2401	
User ID No : 1877	

## MESSAGE:

Re: U.S. Application Serial No. 09/602,688

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